

SCC eFile	<b>2012 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	212538252				
<div style="display: flex; justify-content: space-between;"> <div> 1.) CORPORATION NAME:  <b>FibreK Recycling U.S. Inc.</b>  2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CT CORPORATION SYSTEM</b>  <b>4701 COX RD STE 301</b>  <b>GLEN ALLEN, VA 23060-6802</b> </div> <div> DUE DATE: <b>10/31/2012</b>   SCC ID NO: <b>F1685173</b>   5.) STOCK INFORMATION  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>3,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	3,000
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COMMON	3,000					
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>						
4.) STATE OR COUNTRY OF INCORPORATION: <b>DE</b>						
6.) PRINCIPAL OFFICE ADDRESS:  <div style="text-align: center;"> ADDRESS: 701 FOURTH AVENUE  PO BOX 277   CITY/ST/ZIP: MENONINEE, MI 49858 </div>						
7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOCELYN PEPIN  TITLE: CORP CONTROLLER  ADDRESS: 111 DUKE STREET, SUITE 5000  CITY/ST/ZIP/CO: MONTREAL, QUEBEC H3C 2M1, CA </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JOCELYN PEPIN TITLE: CORP CONTROLLER ADDRESS: 111 DUKE STREET, SUITE 5000 CITY/ST/ZIP/CO: MONTREAL, QUEBEC H3C 2M1, CA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME:	PETER M. STAIGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP & TREASURER		
ADDRESS:	111 DUKE STREET, SUITE 5000		
CITY/ST/ZIP/CO:	MONTREAL, QUEBEC H3C 2M1, CA		
NAME:	ALAIN BOIVIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	111 DUKE STREET, SUITE 5000		
CITY/ST/ZIP/CO:	MONTREAL, QUEBEC H3C 2M1, CA		
NAME:	PIERRE LABERGE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	111 DUKE STREET, SUITE 5000		
CITY/ST/ZIP/CO:	MONTREAL, QUEBEC H3C 2M1, CA		
NAME:	JOHN LAFAVE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	111 DUKE STREET, SUITE 5000		
CITY/ST/ZIP/CO:	MONTREAL, QUEBEC H3C 2M1, CA		
NAME:	YVES LAFLAMME	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	111 DUKE STREET, SUITE 5000		
CITY/ST/ZIP/CO:	MONTREAL, QUEBEC H3C 2M1, CA		
NAME:	LENNY DI PALMA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	111 DUKE STREET, SUITE 5000		
CITY/ST/ZIP/CO:	MONTREAL, QUEBEC H3C 2M1, CA		
NAME:	LINDA GAUVIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	111 DUKE STREET, SUITE 5000		
CITY/ST/ZIP/CO:	MONTREAL, QUEBEC H3C 2M1, CA		
NAME:	SILVANA TRAVAGLINI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	111 DUKE STREET, SUITE 5000		
CITY/ST/ZIP/CO:	MONTREAL, QUEBEC H3C 2M1, CA		
NAME:	RICHARD TREMBLAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	701 FOURTH AVENUE		
CITY/ST/ZIP/CO:	PO BOX 277 MENOMINEE, MI 49858		
NAME:	DAVE NIELSEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	701 FOURTH AVENUE		
CITY/ST/ZIP/CO:	PO BOX 277 MENOMINEE, MI 49858		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JACQUES P.VACHON	JACQUES P.VACHON,	10/3/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.